



**The Lonely Legacy: Loss and Testimonial Injustice in the Narratives of People Diagnosed with Personality Disorder**

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**Abstract**

In the past 10 years loneliness has increasingly been framed as an economic and national burden, its terminology as an ‘epidemic’ becoming politically and socially powerful. The growing perception of loneliness as a ‘treatable’ disorder located in the individual and removed from the historical shifts that have constructed it lays an additional burden of stigma on those who experience it. We have become adept at ‘measuring’ loneliness through scales that suggest its correlation with various health problems, yet we still have little understanding of its lived experience, its imbrication in loss, our developmental trajectories and how our social and material world interrelates to compound it.

For this study 14 participants with the contentious diagnosis of Borderline Personality Disorder (BPD) were interviewed and a phenomenological narrative approach employed. A lens of Arendtian ‘loss of world’ (1968) was used to explore this loneliness and contribute to work offering dimensional conceptualisations of personality disorders. In addition, the research contributes to loneliness study more broadly which has seen a rise in interest since the Covid-19 epidemic and the subsequent enforced isolation and the resultant new phenomenon of sudden loneliness.

*Keywords:* Loneliness, Personality Disorder, Epistemic Injustice, Narrative, Phenomenology.

Borderline Personality Disorder (BPD) continues to be one of the most contested categories of the Diagnostic and Statistical Manual for Mental Disorders (DSM), (American Psychiatric Association, 2013) with a vast literature debating the value and accuracy of the diagnosis (see, inter alia Tyrer et al, 2011; Pilgrim, 2001). An individual diagnosed with a personality disorder becomes a ‘contested patient’ subject to blurred medical jurisdiction (Pilgrim, 2001, p.254), steeped in the labels and categorical descriptions of a diagnosis which continues to hold negative connotations.

Experiential accounts suggest that the stigma surrounding BPD contributes in no small way to the difficulty of the person’s psychological distress, adding shame and an even further sense of isolation. Individuals who report the constellation of characteristics known to those identifying with BPD (Sulzer, 2015), *also* endure the added loneliness of isolation and sense of ‘other’ constructed through socially held prejudices towards this diagnosis and tendencies in clinical practice to apply the diagnosis when ambiguous symptomatology is presented.

We have become increasingly interested in loneliness over the past two decades as it has moved to centre stage as a public health issue and much of the literature is dedicated to exploring its negative effect and correlations with other physical or mental ailments (Holt-Lunstad, et al. 2015; Petitte et al, 2015). The Covid-19 crisis of 2020, however, has further accelerated our interest in ‘the loneliness epidemic’ (Holt-Lunstad, 2017) making it more crucial than ever to understand the nuanced contours of this experience and how we, as a society, respond to it.

In recent years a number of researchers have begun to explore the enigmatic phenomenon (Dahlberg, 2007) of complicated loneliness amongst individuals diagnosed with BPD (inter alia Renneberg et al, 2011; Liebke et al, 2016), although it was as early as 1979

that Adler and Buie identified the experience of intensely painful aloneness as a core aspect of BPD individuals (Adler and Buie, 1979; Buie and Adler, 1982).

The intense sense of loneliness reported by many people who have been diagnosed with a personality disorder is striking – and indeed suggests a deeply held ‘absence’ (Adler and Buie, 1979) which, crucially, is unimpacted by social interaction or networks.

Studies show that those diagnosed with borderline personality disorder report the experience of intense loneliness (Hauschild et al, 2018) and “an inner sense of emptiness” (Pazzagli and Monti 2000, p.220). Examples from first person narratives depict a desperate sense of vacuum; a bleakness and extreme ontological loneliness (Sagan, 2017); “a deep, sequestered loneliness” (Martens, 2010, p.38), which people recall experiencing from an early age. This type of loneliness as trait rather than state suggests a lifelong sense of isolation, traced perhaps at least in part to a breakdown of social needs in early childhood and ensuing intrapsychic conflicts (Hojat, 1998). Absent thus far is research that seeks to understand the lifespan trajectory that may compound this early failure of early social needs.

**Phenomenology of loneliness**

Until the 21<sup>st</sup> century psychology had been less than attentive to the experience of the internal ‘hunger’ of loneliness (Cacioppo, 2009), guilty, perhaps of what Mijuskovic, (2012, p.128) termed a “glaring deficiency”. As loneliness became an international public health issue, however, ‘loneliness studies’ began to investigate loneliness and its correlation to areas of psychological and physical functioning, including life threatening health consequences; (Hawkey and Cacioppo, 2010; Holwerda et al, 2016; Holt-Lunstad et al, 2015); the threat of cognitive decline as a result of loneliness (Gow, et al. 2007); of elevated vascular resistance and blood pressure (Hawkey, et al. 2010) and increased depressive symptomatology (Cacioppo et al, 2010). Its possible meaning within an evolutionary framework (Cacioppo et

al, 2014) and how neuroscience could be harnessed to further explore it (Powers et al. 2013; Cacioppo et al, 2014) is also under investigation. Much of this research is not without its critics, of course, who see a risk of reductionism; further reinforcing the assumption that loneliness is inherent and unchanging in the human condition and that such individualisation of the ‘problem’ casts it as a deficit that can then be medicated or therapized into abeyance.

Largely employing loneliness scales which have produced detailed statistical findings much of loneliness study has inevitably side-lined the phenomenological experience of loneliness whilst also falling short of critically examining the social construction of loneliness particular to the 21<sup>st</sup> century (Stein and Tuval-Mashiach, 2015) and its historical trajectory as a phenomenon (Alberti, 2019). This has led to a relatively limited understanding of the complexity of loneliness, its social and political situatedness and therefore some shortcomings within the mental health profession in our responses to it.

Contrary to the somewhat unidimensional conceptualisation of loneliness in psychology, phenomenology and psychoanalytic psychology have offered some useful correctives to the positivist paradigm and have been more attentive to exploring the constituent and nuanced elements of loneliness. As early as 1975, Binswanger noted loneliness as characterized by a state of utter hopelessness, inducing a paralysis and helplessness which carried the threat of being entirely incommunicable. His 1958 descriptions of loneliness as “naked existence,” are haunting and complex – affording insights into the depth and vacuum of the experience.

The poignancy of loneliness as an experience of loss has been explored within phenomenology (Gadamer, 1988) with aloneness, according to Heidegger (1962) being no less than an ontological necessity at the moment of confrontation with our mortality. Fromm-Reichmann’s seminal paper in 1959 remains a touchstone in phenomenological thought as applied to the lived experience of chronic loneliness.

Phenomenological and psychoanalytic thought have also been key in offering views of loneliness less saturated in the language of deficit and more attuned to the possibility of loneliness as potentially restorative and creative (Moustakas, 1961; Mijuskovic, 2012; Willock et al, 2012; Richards et al, 2013; Rosenbaum, 2013). This less pathologizing view of loneliness suggests a far more complicated state, a view which can offer succour to those experiencing it most acutely and for whom generic advice regarding remedies for loneliness is viewed as inadequate and simplistic (Sagan, 2017a).

Central to phenomenological thought is the human being as intrinsically immersed in, and oriented within her world and environment, in Heidegger’s terminology, our “being-in-the-world”. It is unsurprising then that phenomenologists have been amongst the most ‘practical’ of philosophers, exploring how meanings are made by the individual at the nexus of the myriad strands of her culture and socio-political context. The isolation and loneliness of existence within that context have long been identified within phenomenology (Fromm, 1941; Arendt, 1962) which again provides a useful counter-narrative to one that routinely locates such experiences within the person, individualising, and, increasingly in the 21<sup>st</sup> century, pathologizing them. Contemporary phenomenologists (for example Frie, 2018) as well as historians (Alberti, 2019) also remind us of cultural context and specificity, alerting us that any theory of loneliness is only one amongst many possible accounts, a point often lost in western psychological studies.

It is Hannah Arendt’s apposite depiction of loneliness and loss of world (1968), however, which interrogates the impotence, ennui and desperation of profound loneliness that have both renewed currency and new critics today (see for example Paul Mason’s 2019 provocative revisiting of Arendt). Her interpretation of economic and political alienation suggest how loneliness is enmeshed with the interaction of the social and the material, and the way our deepest spiritual and psychological needs express themselves. For Arendt, a world is

## THE LONELY LEGACY

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5 a *home* – one that allows for human activities and an emergence of human characteristics. It is  
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7 a ‘place’ rather than a space where speech and action can find validation and root; where  
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9 political events are made meaningful and a shared remembrance and communal stories make  
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11 up one’s collective history. Worldlessness, or ‘world-alienation’ as Arendt writes, refers to a  
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13 deep sense of disconnection and alienation, felt as profound loneliness, an absence of trust in  
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15 durable structure. We will return to Arendt’s account of loneliness in the conclusion.  
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**Epistemic injustice**

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22 The concept of epistemic injustice (Fricker, 2007) has been used to interrogate ways of  
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24 knowing and coming to know, and is a potent mechanism via which to unpick how one can be  
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26 silenced; invalidated and set adrift from trust; reciprocity and rootedness in the world. It has  
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28 emerged as a descriptor of the power imbalances inherent in our exchanges which result in  
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30 someone being wronged in their capacity as a knower and wronged, therefore, in a capacity  
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32 essential to human value. The idea of *testimonial* injustice in particular has value when  
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34 exploring the lived experience of multiple discrimination. The means by which we come to  
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36 know ourselves, as mediated through our interactions with others (of power) are crucially  
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38 important in how we come to view ourselves, our diagnosis, in the current case, and the  
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40 meanings made of these.  
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**Methodology**

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50 Part of the importance of the much lauded ‘narrative turn’ in psychology lies in its offering an  
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52 alternative conceptual framework to that provided by mainstream positivist third-person  
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54 psychology. A penetration of complex psychological experience is thus enabled, with  
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56 narrative of lived experience “believed to fortify clinicians with the proficiencies to identify,  
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58 decipher and empathise with testimonies of suffering” (Thomas and Longden, 2013, p.122).  
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The ‘use’, however, of first-person narrative is not without its critics. Woods and colleagues (2019) for example highlight “the imperative to narrate traumatic experiences as another form of oppression” while Russo and Beresford (2015, p.156) also raise legitimate concerns about first person narratives as data being “colonised or reduced to a new area for academic activity”. Indeed, more and more survivors have come forward raising their concerns about how the narrative imperative pressurises them to conform to a particular type of narrative – one of recovery (DeWolfe, 2019), for example.

Amidst the many narrative approaches (Stanley and Temple, 2008) to understanding health, the phenomenological approach has demonstrated its value amongst those working with the intense and intangible experiences of mental ill health. Phenomenological approaches with their non-medicalising ethos emphasise attending closely to descriptions of human experience rather than explanations in terms of causes and applying the epistemic virtues of respect and humility (Mortari, 2008). Such an approach is especially important today as healthcare systems necessarily respond to the relentless drive towards positivist metrics of outcome which often run roughshod over the quieter relativist metrics of experience.

The rallying cry of phenomenology, as developed by Edmund Husserl (1859–1939) ‘To the things themselves’ (*zu den Sachen selbst*) set the aim of describing direct experience of the world and a process of ‘bracketing off’ of assumptions (the law of *epoché*) is proffered to avoid the distorting effects of theories and presuppositions. This ‘view from nowhere’ (Ricoeur, 1996) is rejected in this research, however, with the approach taken one where phenomenological sensibility (Finlay, 2014) is harnessed. This approach aims to “be responsive to the phenomenon” in this case the experience of loneliness in those with a diagnosis of BPD, and able to capture “something of its “is-ness.” (Finlay, 2014, p.121).

Ethics



## THE LONELY LEGACY

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This research was granted ethical clearance by the host university and was guided by the NHS National Institute for Health Research Good Practice Guidance for Involving People with Experience of Mental Health Problems in Research (2013). The names of all participants have been changed.

### Participants

Participants with diagnoses of BPD were recruited through a combination of calls through online fora and announcements at self-help groups. In total 25 people made contact, with interviews eventually being carried out with 14 of these, comprising 7 women, 5 men and 2 people identifying as transgender.

### Interviews

Unstructured interviews took place in person or by Skype and were arranged to be at a time and place convenient to the participant. The interview aimed to be an “*inter-view*, an interchange of views between two persons conversing about a theme of mutual interest” (Kvale, 1999, p.101) and interviewees were reminded that they need not divulge anything they were not fully comfortable with. Some participants reported this open and unstructured conversation had been a positive process for them, with the free-associative element (Hollway and Jefferson, 2000) being useful for their reflective process. Interviews lasted in between 30 and 120 minutes, were audio recorded and transcribed verbatim.

### Data analysis

Thematic Analysis (Braun and Clarke, 2006) was employed in this study. As a flexible and accessible method, TA works both to reflect reality “and to unpick or unravel the surface of reality” (Braun and Clarke, 2006, p81) in this case, unpicking the experience of loneliness.

Data was analysed by noting the themes in participant narratives. These were then reflected on to identify the sub-themes contained therein and to consider connections between them. Both sets were then further interrogated, relating these to the inquiry’s focus, that of the ‘is-ness’ (Giorgi, 2009) of things; in this case, the experience of loneliness of individuals diagnosed with BPD.

**Findings**

***Themes***

Each interview included narrated experiences of some or all the themes below:

- Loss
- The experience of loneliness
- Experiences of childhood / adolescent trauma
- Dissociation
- Use of Self-harm / Suicidal ideation

Embedded within the individual’s life story these topics were not sought or prompted. Neither did they ‘emerge’ as discrete narrative strands, suggesting “a passive account of the process of analysis”, one that denies the “*active* role the researcher always plays in identifying patterns/themes” (Braun and Clarke, 2006, p. 80). Rather, each theme contained narrative shadows (references and allusions) to others in the cluster.

It should also be noted that their extraction here for the purpose of clarity impose a coherence and sequential aspect that the narratives themselves did not necessarily have, a weakness not uncommon in the reporting of rich data. The themes were imbricated, and this

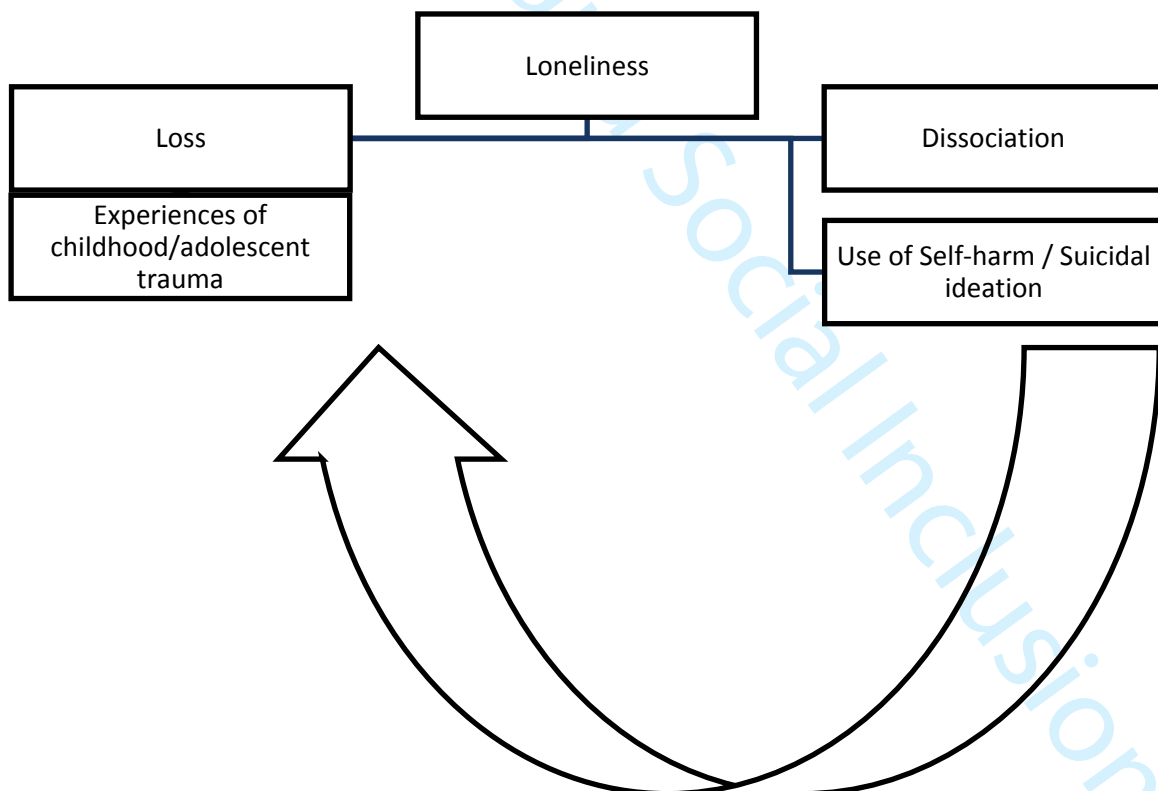
## THE LONELY LEGACY

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article examines them under an overarching theme of *loss*, with a focus on the closely related experience of loneliness.

*Fig 1*

Fig 1 Attempts to show the cyclical and compounded experiences of the narrated accounts, with experiences of trauma establishing an enduring sense of loss, both of which were responded to by coping strategies which, nevertheless, led back to, and further compounded feelings of loneliness and loss.



The section below will draw on the concept of testimonial injustice to better conceptualise the ways in which loss was compounded. Hannah Arendt’s conceptualisation of loneliness as (1979) is then brought in, to offer a broader socio-political context.

**Narratives of Loneliness**

When speaking of the ‘emotion cluster’ (Alberti, 2019) of their lonelinesses, participants used highly expressive language, often drawing on rich vocabulary largely absent from other parts of their narrative. They referred to the ‘haunting’ nature of this ‘vacuum’ - one that almost each person asserted had been with them ‘my whole life’ - suggestive of ontological loneliness. This type of loneliness thus emerged as one *not* episodic but an inherent part of the self, that is, a trait not a state (Liesl and Heinrich, 2006).

These were not individuals who wanted more friends or better networks– indeed it was often their perplexity at feeling so alone *amidst* company that came through, echoing Arendt’s observation that “loneliness shows itself most sharply in company with others” (Arendt 1962, p.476). Here’s Hilda:

... it’s that sort of weird sense that like you can be smiling and presenting a calm exterior and secretly thinking about killing yourself ...and it’s the mismatch between...there being people around, and.....that is so lonely, I think... I think that makes a lonely experience.

For Marty, the loneliness was akin to a deadness:

...I just felt different from everybody else...it was just that I had an incredible empty space inside me that didn’t seem to be filled with anything that I did. I began to feel more

## THE LONELY LEGACY

12

and more different and more lonely ... I used to self-harm because that made me feel real in that moment...sometimes the loneliness gets so bad...that you think - I think I'm already dead.

And for Karin,

... loneliness is not feeling... is feeling I'm not part of anything. I'm not part of the world. I just feel like I'm completely shut off and that nobody, nobody notices, nobody cares, nobody – I'm not good enough. Yes, definitely I get that feeling I'm not good enough to be part of society...when you have that deep-rooted, when you can actually feel it here the loneliness and the self-hatred, you can't physically get out of that and it is with you all the time.

For Nicco, again, there was the sheer emptiness:

...it's just that emptiness and that... it's almost the desperation of wanting to allow people in but not being able to.

Interviewer: What feels empty?

N: Me, my whole body, my life.

Chronic, harrowing loneliness of this nature is almost exclusively associated in the literature with trauma. Specifically, the sequence of withdrawal; lack of trust; dissociation; shame; isolation and ambivalent, troubled relationship forming, point overwhelmingly to the experience of sexual abuse.

## THE LONELY LEGACY

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Unsurprisingly, each participant did disclose difficult or traumatic early years experiences (Zanarini et al., 1997; Castillo, 2000) and the correlation between such experiences and the diagnosis of BPD is established in the research (Fortaleza de Aquino Ferreira et al. 2018). It has been noted, however, that there is a reluctance amongst clinicians to address trauma with people with diagnoses of BPD, lest it exacerbate symptoms (Gielen et al., 2014). In this sample most participants felt they had not openly spoken about their trauma or had not had this part of their life story received openly *and with belief*, which will be discussed further on.

When participants spoke of abuse they conveyed the sense that something was experienced as *taken* by the perpetrator of sexual abuse, and thereafter there remained an experience of loss and of lack. Zayneb, after describing the experience of being gang-raped at the age of 13, carries on to recall:

...thinking I'm not really alive, not really. This isn't real and what has happened...no, I'm actually *dead*. I'm this dead thing, just a dead thing...

She then describes how in the 35 years or so since the rape, she has felt as though something integral to life had been taken from her. Self-harm soon became a means by which she could both 'feel alive' and be closer to a 'real' death:

... I felt like self-harm was the only thing that was helping, simple as that. And it was another way of moving, edging closer and closer to death. Uh..., [deep sigh] I felt comforted by it, you know, relieved...

## THE LONELY LEGACY

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This oscillation between instances of feeling momentarily alive through the excesses of self-harm, substance and alcohol abuse and other risky behaviours, was echoed in other interviews, such as Hilda's:

...I self-harmed at that particular point because I was dissociated and I couldn't cope with feeling so out of my body, so dead....and unfortunately I'd gone too far, I'd gone too deep, I cut a vein and that's why I needed medical attention.

Descriptions of early trauma often recounted how the victim learned to dissociate (Dalenberg et al, 2012; Butzel et al, 2000) at the time of, what one participant termed "the stealing". Some spoke of seeing their body from afar while the abuse was taking place, "going numb" and "feeling nothing". Participants also spoke of how coping strategies such as "zoning out" activated initially in response to the trauma became the components of ongoing patterns for coping with a wide range of life situations well into adult life. A sense of existing in a 'reality' through these experiences is lost. Cynthia explained how such profound detachment becomes core to the feelings of loneliness:

It didn't matter what I did. It felt as if it was always for somebody else and not for me. That somewhere I'd got lost and all I could do was react and be what other people wanted me to be and that made me feel incredibly lonely at that early stage.

Although a married woman with children, for Peony, loneliness is still not assuaged and is in fact exacerbated, it seems, by her dissociation, experiences of which subsequently feed a further sense of loss:

## THE LONELY LEGACY

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5 ... I'd be at home and – and I didn't belong anywhere. I mean Clarke loves me and my  
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7 boys love me and I think I love my boys; but I still feel distant from them. And I still  
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9 dissociate at times with Clarke; I've lost myself. I can't share whoever I am with  
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11 anybody now. I don't want to be touched in any way and yet I'm so lonely on my own.  
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13 I'm losing...missing... what should be a family life...  
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19 'Destructive' behaviours such as self-harming were nevertheless a means of coping with  
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21 unbearable emotions. There was also a sense of deserving no better and here is loss again, a  
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23 loss of a self that was good, whole and deserving, replaced by one that needs to be punished.  
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25 As Hazel put it:  
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30 ...it's fearful, overwhelming loneliness... like I'm a freak of nature that should never  
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32 have been born and therefore this is kind of the – this is just – what my life is, what's,  
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34 what I was destined for. You know, this is almost my punishment for surviving the rest  
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36 of it.  
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42 It must be noted that in the life experience of these participants, the chronology was not one  
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44 of early abuse leading to trauma and henceforward lifelong mental health issues. rather, the  
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46 abuse and injustices *continued*. While many referred to problematic, neglectful and/or  
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48 abusive relationships continuing as a pattern into adult life, there was also repeated  
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50 experiences of being silenced; unheard; patronised and accused of hysteria; lying; hyperbole;  
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52 exaggeration. These examples of testimonial injustice, when prejudice causes a hearer to  
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54 “give a deflated level of credibility to a speaker's word” (Fricker, 2007, p.1) were frequently  
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56 described.  
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People spoke of the web of silences, unhearing; cover ups – and then the loneliness of doubting your own experience, wondering, like Celia, if “maybe I *was* mad; could I have imagined it?”

Being dismissed, however, was not an experience confined to interactions with relatives. Participants also recounted experiences of being suicidal, turning to health professionals for help through AandE or helplines and not being taken seriously once the diagnosis of BPD was mentioned. This reflects Carel and Kidd’s (2014, p. 529) assertion that

Ill persons are vulnerable to testimonial injustice through the presumptive attribution of characteristics like cognitive unreliability and emotional instability that downgrade the credibility of their testimonies.

These instances of testimonial injustice in adulthood manifested themselves through the identified phenomenon of diagnostic overshadowing (Jones et al, 2008). Such instances of dismissiveness and doubting on the part of health professionals, peppered through a lifetime were to sometimes result not only in the individual declining to speak but indeed doubting their own word and validity as knower. This further compounded deeply held beliefs of not existing; not deserving; not having validity as a person.

Irrespective of the etiology of Borderline Personality Disorder it is broadly agreed from a range of theoretical orientations that developing and maintaining a strong sense of self can be difficult for individuals with this diagnosis (Jørgensen, 2006; 2009; 2010). To understand the impact of this in terms of the loneliness experienced, it is useful to think of how Benjamin (1988) defines intersubjectivity with reference to Hegel and Habermas - as a relationship determined by mutual recognition. This need for recognition from an other at the very least

gives rise to a contradiction, because, she suggests, “such recognition can only come from another whom we, in turn, recognize as a person in his or her own right.” (1988, p.12). And herein, perhaps lies a clue to understanding the loneliness of an individual with the trajectories described, who, unrecognised, unseen and also unheard, struggles in turn recognise an other. Reciprocity and reflection in human relations that lay the basis for epistemic trust (Fonagy et al, 2011) are lacking or interrupted, making for a particular loneliness.

**Discussion**

The experience of loneliness of each participant who declared this was unique - they have been brought together with commonalities for the purposes of the research and this article. But what is suggested in these collected similarities is the trajectory of trauma and the residual sense of loss, of having something core stolen; the dissociation at the time of the original crime becoming a learned behaviour; the swift development of strategies to cope with overwhelming affect and injuries acutely felt as administered through ongoing instances of epistemic (testimonial) injustices. Each played a role in leading to a deeply felt complex loneliness.

Participants often expressed an absence of a sense of being part of a bigger something (community; society; world) in which one was regarded and validated, in a reciprocity of human-ness, and of having had opportunities to develop relatedness closed off (McDonald et al, 2010). This echoes the loss of world of which Arendt spoke, the experience wherein one loses a protective place of one’s own and is exposed “to the exigencies of life” (Arendt, 1958, p. 70) – a loss and subsequent exposure that impacts negatively on mental wellbeing. In speaking about health Gadamer (1993) notes this connectedness, so central to being well:

Health is not a condition that one introspectively feels in oneself. Rather it is a condition of being there (Da-Sein), of being in the world (In-der-Welt-Sein), of being together with other people (Mit-den-Menschen-Sein), of being taken in by an active and rewarding engagement with the things that matters in life. (p.144-145)

From the narratives explored here, health, in the sense of being in the world together with others and feeling heard and thus validated, was absent. To understand this absence and loneliness further and to locate it in a broader, socio-political context we turn to Arendt. Her account of loneliness, like Heidegger's, rests on the premise that the human being of contemporary society is afflicted with a sense of homelessness (unheimlichkeit); a deep-felt experience of not being at home in the world. Arendt's (1962) thesis is that the birth of totalitarianism in the 20th century was possible only through the isolation of people and contemporary scholars have now drawn parallels between the drive to isolation and a subsequent vulnerability to political manipulation and the similar needs of capitalism and latterly those of neoliberalism. The global shifts towards the state of neoliberalism, with its reconfiguration of labour on a global scale along with shifting social and material relationships and personhood, it is argued, have set us adrift.

Neoliberalism has been identified as a key driver of distinct shifts in mental health policy (Carpenter, 2000) and the commodification of mental health (Esposito and Perez, 2014). Its fixation with medicalisation and its drive to treat 'mental illness' as a problem within the individual positions people as self-contained agents and downplays, or worse, ignores the social, cultural, and economic dimensions that contribute to the person's distress.

In this milieu, policy and practice are swift to dismiss the person and her story despite their rhetoric and use of patient voice (Pascal & Sagan 2016). Neoliberalism's discourse of

‘responsibilization’ for example, urges individuals that families, communities and workplaces rather than publicly-funded services – become the main resources to respond to in times of mental distress. This however assumes a concreteness to these institutions which may be illusory and leaves those in difficulty dependent on presumed immediate social circles. These circles however, if they exist, may contain the very people who have failed individuals or subjected them to the testimonial injustices so often cited in the narratives of this research.

**Conclusion**

The mentally ill individual is increasingly isolated and prey to the threefold disadvantage of structural discrimination, public stigma which “brings about a sense of disconnection, dissociation from society at large, and a sense of aloneness and loneliness” (Rokach, 2014, p.147) and self-stigma (Rüsch et al, 2014). The deep socio-political alienation in which individualism is forefronted allowing the welfare state to continue its steady retreat is acutely felt by the person already afflicted with the sense of loss and loneliness spoken of in this research.

A political discourse that stresses individualism while fetishising an imagined community deepens divides. A steady erosion of support to those in distress and a parallel medicalisation of mental illness (Bell, 2019) that has constrained the very ways in which human distress can be spoken of, worked with and understood in favour of a strict categorisation, constituting ‘brands’ to which prescribed ‘treatments’ can be applied (Timimi, 2012) constitutes a crisis of care. This crisis should be considered in any exploration of the loneliness of those with enduring mental health difficulties, especially those subjected to stigmatised DSM categorical systems such as BPD.

Yet crisis for Arendt was not a time to despair, and phenomenology has been hallmarked by its rich understandings of the human condition as it endures the ebb and flow

of political tide and thus can be a crucial component to psychological understanding for the 21<sup>st</sup> century. For Arendt, crisis was, rather, an opportunity to learn through thinking, engagement and critique – especially at a time when thinking itself is under threat. In “The Crisis in Education,” (1993, p. 174) she speaks of

the opportunity, provided by the very fact of crisis - which tears away facades and obliterates prejudices — to explore and inquire into whatever has been laid bare of the essence of the matter.

Phenomenology seeks to investigate the background sense of reality in which ordinary life is immersed, our “being-in-the-world” to use Heidegger’s terminology, and to lay bare such essences. Its earnest attempt to understand the state of mind of someone suffering from a mental distress can help facilitate empathy in members of professional bodies or the public at large, crucial at a time of binary argument; populist discourse and the limited metrics of flawed diagnosis.

Phenomenology of loneliness goes some way to helping people without the devastating life experiences common to those diagnosed, rightly or not, with a Personality Disorder gain a sense of the experience, and this research argues for psychological practice to be more mindful of this literature and the value of closely heard first person narratives. This, in a bid to refrain from the reductive assumptions behind the plethora of websites, simplistic tool kits and training within the mental health arena dictating ‘what works’ for loneliness. It urges also a critical appraisal of interventions prescribed for those with the diagnoses of personality disorder experiencing extreme loneliness (Mann et al, 2017) which may, unintentionally, set the individual up for further experiences of ‘failure’ when these fail to ‘cure’ the loneliness.

Finally, this article argues that a core part of what is experienced by people diagnosed with personality disorder is epistemic injustice, rife within a climate of neoliberalism. This experience leads to what philosopher Hilde Lindemann Nelson's (2001) termed an 'oppressive identity' – forged as we adopt others' stories about who we are and can or cannot become. In this trail of epistemic injustice people are unheard, misheard, and then misrepresented, excluded from the knowledge and even the language that could support them and help them make better sense of their own strategies for survival. We need to listen in the language in which people are talking to us; rather than in the language we speak, in what constitutes no less than a 'moral moment' (Frank, 2004). Communication with people to whom a diagnosis of personality disorder has been attached is repeatedly described as difficult (Gallagher et al. 2010) and we need to urgently and humbly probe why.

The meaning making within such conversations with people in distress may help individuals gain a sense of self (Johansen, et al. 2016) and offer a hermeneutic openness to hearing the patient without their story being stifled in its hearing by the "quantitative diagnostic methodology characteristic of the DSM" (Aho, 2008, p. 254). As noted by McDonald and colleagues (2010), it is important for therapists and care workers to have a solid understanding of the lifeworld of individuals with this life trajectory, responding in "a trustworthy way to what could easily be construed as highly counterproductive behaviours" (p.100) - remembering to ask not what is *wrong* with this person, but what has *happened* to them.

As new interventions emerge, it is hoped that phenomenological categories based on service users' experiences are incorporated (Gunderson, 2009) and the defining clinical features used in guidelines adjusted to reflect this. As urged by Ghaemi (2006, p.122), "phenomenology needs to precede diagnosis and treatment."

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